



Registration Opens  
March 21 at Noon!



Spring 2017  
Enrichment Catalog

# WHITTIER AFTER SCHOOL ENRICHMENT CLASSES

*Brought to you by:*  
**LOYAL HEIGHTS  
COMMUNITY CENTER**  
2101 NW 77th St.  
Seattle, WA 98177  
Ph: 206-684-4052



**Seattle**  
**Parks & Recreation**

healthy people healthy environment strong communities

This program is made possible through  
Seattle Parks and Recreation and the  
Associated Recreation Council.

# Program Information

Spring Class Session: April 17-June 16

## Program Contact Information

**Loyal Heights Community Center**  
**2101 NW 77th St., Seattle, WA 98117**  
**Phone: 206-684-4052**

• **Program Administrator: Juan Carlos Arocha**  
**Phone: 206-771-3092, Email: [juan.arocha@seattle.gov](mailto:juan.arocha@seattle.gov)**

## Program Schedule

**Whittier K-5 Release: 2:05 p.m.**

**Check In: 2:05-2:30 p.m.**

- Students report to the breezeway upon dismissal to be signed in and eat snack.

**Session 1: 2:30-3:30 (or 4 p.m.)**

- ALL PARENTS of students must come to the breezeway and SIGN OUT their student at **3:35 p.m. (or 4 p.m. depending on class)**

**\*There are no after school classes on holidays, no school days, or early dismissal days at the Elementary School. These “No Class” days are figured into the price of each class.**

## How to Register

**All students must turn in, or have on file, a completed E-13 Participant Information and Authorization form to register for class. Once completed, E-13 forms are good for one school year.**

**Classes are formally being run through [Loyal Heights Community Center](#) where you can turn in all of your paperwork and receive more information about classes, registration, and scholarships.**

An additional \$5 insurance fee will be required when registering for all gymnastics, tumbling, or circus arts classes offered through Seattle Parks and Recreation. This non-refundable fee covers a child's participation in all gymnastics, tumbling, or circus arts classes for one year from the date of purchase. Please contact your local community center to purchase this insurance. **Note:** This insurance will only be utilized if expenses exceed your primary insurance coverage.

### **FIRST CHOICE**

Stop by your local community center to register for programs and meet the staff. Staff welcomes face-to-face interaction! Please note hours of operation as they vary across community centers.

### **SECOND CHOICE**

Online registration using the SPARC system by going to [seattle.gov/parks](http://seattle.gov/parks) and clicking on SPARC. Please note that you will need to set up an account prior to having access to the online SPARC system. This may take up to a week to process. We do our best to set up accounts for registration within 48 hours.

### **THIRD CHOICE**

Call your local community center during our hours of operation at the phone number listed above, or at: [seattle.gov/parks/centers.asp](http://seattle.gov/parks/centers.asp). All staff can assist you with registration during operating hours.

# What You Need to Know

## Registration and Payments:

**Registration opens March 21 at noon.** If you have never participated in a Seattle Parks and Recreation sponsored program, please sign up at the community center where they can create an account for your family. Once an account is established, you may call **Loyal Heights CC**, stop by, or pay on-line through SPARC. If you register on-line please email the community center coordinator who your child's classroom teacher is and where your child will be going after class. Registration is open for all classes until the day prior to the start of class. **Remember: All students need a Participant Information and Authorization E-13 form prior to participating in any after school classes.**

## Scholarship:

To apply for a scholarship, complete and return a scholarship application to the community center. Applications can be found in the **Whittier Elementary** main office, **Loyal Heights CC**, or can be downloaded at [bit.ly/sprscholarships](http://bit.ly/sprscholarships). Scholarship award and co-payment will be determined based on income qualification.

## Refund Policy:

It is the policy of Seattle Parks and Recreation and the Associated Recreation Council that:

- Anyone who registers for a class that is cancelled for any reason will receive a full refund.
- **DROPPING A PROGRAM BEFORE SECOND CLASS:** A participant may be issued a refund if he/she withdraws from a program, and notifies the program coordinator, prior to the second class session. The facility will retain the pro-rated class fee plus a service charge of \$5.00 or 10% of the fee, whichever is greater.
- For full details of the Department's Refund Policy, please see Policy Number 060-P 7.16 which can be found here: <http://www.seattle.gov/Documents/Departments/ParksAndRecreation/PoliciesPlanning/RefundPolicy.pdf>

## OH NO! My class got cancelled!

Most classes require a minimum of 6 participants in order to be financially sustainable. We do our best to avoid cancelling classes. However, classes that do not meet minimum enrollment requirement are cancelled prior to their start date. We do prorate class fees to reflect late registration for classes that meet minimum enrollment requirement prior to their start dates.

**PLEASE REGISTER EARLY!**

## Snack and Clothing:

The After School Enrichment Program will provide a snack for each student. Please send your children with clothing appropriate for their classes.

## Behavior:

We have the expectation of respect for teachers/instructors and good behavior during classes. Students are expected to maintain the same behavioral standards that they would during the formal school day. If an instructor determines this is not the case the following steps will be taken:

- At the first incident, the Program Administrator will contact parents/guardians regarding student behavior.
- The student will be given one trial class to improve.
- If the disruptive behavior continues, the student will be removed from class.

The program is unable to issue a refund if the student is removed from a class due to a behavioral issue. Please discuss enrollment with your child to be sure they want to attend an after school class.

## Picking up Your Child:

Your child must be picked up on time. Our program does not provide childcare after class is over at **3:35 p.m., or 4 p.m.**, and the playground is not supervised at that time. If your child is picked up late, you will be charged \$1/minute for every minute past **3:35 p.m., or 4 p.m.** that you are late. Please call the **Program Administrator** if you are going to be late. Your student can only be picked up by persons listed on the E-13 form. Students will be directly picked up from their classrooms and must be signed out.

## Absences/Changes:

Please contact the **Program Administrator** as soon as possible with any of the following:

1. Your student will not be attending class (but was at school).
2. Your student was absent from school and will not be attending the After School Program.

## Questions/Concerns:

Once a class has begun, if you have any issues or concerns regarding a class, please contact the **Program Administrator**, or email the **Community Center Coordinator**. The **Program Administrator** will be on-site and available during program hours all quarter.

# Spring 2017: April 17-June 16

<b>MONDAYS 4/17-6/12</b> 8 weeks (No class 5/29)	<b>Time</b>	<b>Grades</b>	<b>Price</b>	<b>Barcode</b>
<b>Session 1</b>				
Spanish	2:30-3:30 p.m.	K-2	\$120	164933
Creative Coding 4 Kids	2:30-4 p.m.	1-5	\$392	164922
<b>TUESDAYS 4/18-6/13</b> 9 weeks	<b>Time</b>	<b>Grades</b>	<b>Price</b>	<b>Barcode</b>
<b>Session 1</b>				
Math Club	2:30-3:30 p.m.	K-2	\$162	164926
Machine Sewing	2:30-4 p.m.	1-5	\$270	164925
<b>WEDNESDAYS 4/19-6/14</b> 8 weeks (No class 5/10)	<b>Time</b>	<b>Grades</b>	<b>Price</b>	<b>Barcode</b>
<b>Session 1</b>				
Spanish	2:30-3:30 p.m.	3-5	\$120	164935
Public Speaking	2:30-3:30 p.m.	2-5	\$135	164931
Hand Sewing & Crafts	2:30-4 p.m.	K-2	\$240	164923
<b>THURSDAYS 4/20-6/15</b> 9 weeks	<b>Time</b>	<b>Grades</b>	<b>Price</b>	<b>Barcode</b>
<b>Session 1</b>				
Pokemon	2:30-3:30 p.m.	1-5	\$135	164930
Jewelry Making	2:30-3:30 p.m.	2-5	\$165	164924
<b>FRIDAYS 4/21-6/16</b> 9 weeks	<b>Time</b>	<b>Grades</b>	<b>Price</b>	<b>Barcode</b>
<b>Session 1</b>				
Paper Crafts	2:30-3:30 p.m.	K-5	\$135	164928

## Help Wanted!

**Are you interested in assisting with an Enrichment class or teaching one of your own? We'd love your help!**

**Contact Juan Carlos Arocha for more information**

**email: [juan.arocha@seattle.gov](mailto:juan.arocha@seattle.gov) phone: (206) 771-3092**



# Spring 2017 Class Descriptions A-Z

## **Creative Coding 4 Kids**

Creative Coding teaches your child to code by helping them make their own custom video games! Our project based, multilevel classes are amazingly fun yet very effective in teaching creative problem solving AND emotional resilience. Our classes are also designed to be repeated an infinite number of times. As students complete a class, they go up one level, like in video games, and increase their coding skills, speed, and proficiency. Students new to coding will participate in the Creative Coding core curriculum, learning the fundamental elements of coding using MIT's Scratch to create their very own computer games! Students with previous Scratch experience will enjoy the Advanced Curriculum, where each day contains a unique mix of coding challenges, techniques, and hacks. For more info, visit [creativecoding4kids.com](http://creativecoding4kids.com). Instructor: Creative Coding Instructors

**No student is turned away due to the inability to pay, please check out our scholarship options at the community center and with Creative Coding.**

## **Hand Sewing & Crafts**

Learn the basics of hand sewing, knitting, crafting, and weaving in this new class, created to introduce younger students to hand sewing and different types of fiber arts! Boys and girls will learn the basics and create puppets, pillows, mittens, woven rag rugs, dreamcatchers, button embroidery, and hats! This class will build fine motor skills, finger dexterity, and most important, it will give their creative muscles a work out! All supplies included. Instructor: Chelsea Cook, Little Hand Creations

## **Jewelry Making**

Kids will learn about different materials, styles, and designs as they learn to make their own jewelry. If you can dream it - you can make it! Instructor: Amber Daub

## **Machine Sewing**

Students are invited to learn a skill they will use for a lifetime and a hobby they will forever enjoy... sewing! No experience necessary for boys and girls to learn the basics and beyond. Beginning students will learn machine safety and beginner sewing techniques, while the more experienced students can expand on skills they already have. Students will advance at their own pace to more exciting and challenging projects throughout the session. Projects, which are constantly rotating during the quarter, include backpacks, phone cases, clothing, accessories, bags, games, stuffed animals, and more! Instructor: Chelsea Cook, Little Hand Creations

## **Math Club**

Do you enjoy patterns, shapes, numbers, games, stories, and hands-on activities? Join us as we explore a variety of mathematical ideas with materials such as pattern blocks, geoboards, Cuisenaire rods, color tiles, counters, cards, and dice. We'll play games, talk about numbers, and have fun together! Instructor: Marcia Miller

## **Paper Crafts**

Students will be using paper as well as a wide range of other materials, and with their hands and their imaginations, those primary materials will be transformed into beautiful expressions of art. The goal for this series of classes is for students to have fun with art while learning the basic elements and principles of design through a variety of age-appropriate media. Instructor: Adam Rosand

# Spring 2017 Class Descriptions A-Z

## **Pokémon**

Do your kids love to play Pokémon? Let them join the excitement on Thursdays afterschool where they will play this game with their school mates. All cards supplied. Please do not bring cards from home.

## **Public Speaking**

Instructor, Jackie Bailey, will facilitate this weekly workshop to help youth (1) write, organize, and give speeches; (2) control voice, vocabulary, and gestures; (3) give constructive and effective feedback, and (4) learn leadership skills. Instructor: Jackie Bailey

## **Spanish**

Students learn Spanish in a safe environment where they are encouraged to help each other. Students are invited to participate actively and learn through fun activities. Reading and writing is encouraged as students develop at their own pace. Lessons are planned according to month, season, relevant topics, and children's interest. Instructor: Rhya Ramirez



# Whittier Elementary After School Enrichment Cover Sheet

Spring Session: April 17 to June 16



**Seattle**  
Parks & Recreation

**Loyal Heights Community Center: 2101 NW 77th St., Seattle WA, 98177**

**Phone: 206-684-4052**

**Program Administrator: Juan Carlos Arocha, [juan.arocha@seattle.gov](mailto:juan.arocha@seattle.gov)**

Student Names: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Grade and Teacher: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ Email: \_\_\_\_\_

To sign up online at the Seattle Parks and Recreation website (SPARC), go to <https://class.seattle.gov/parks>

**This form must be turned in to Loyal Heights Community Center,  
turning it in to the school does not register your child for any class(s).**

Class Name	Barcode #	Day	Fee
Total Due:			

After class, my child will :

\_\_\_\_\_ Get picked up by parent/guardian/approved pick up

\_\_\_\_\_ Other \_\_\_\_\_

**All students must also turn in a completed E-13 Participant Information and  
Authorization form to be registered.**







# 2017 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: \_\_\_\_\_

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

## PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birth Date	Male	Female
Address		City	ZIP	School	Grade
Parent/Guardian Name (First & Last)			Signature		
Day Phone	Cell Phone/Pager	Evening Phone	E-mail		
Address (if different than above)		City	ZIP		
Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent		Language(s) Spoken at Home			

## GENERAL AUTHORIZATIONS AND INFORMATION

My child has attended a Seattle Parks School Age Care Program.      ☐ No    ☐ Yes – Location: \_\_\_\_\_  
My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as posted, by means of walking, public bus, Dept van, yellow bus.      ☐ YES    ☐ NO Initial Here \_\_\_\_\_  
My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools.      ☐ YES    ☐ NO Initial Here \_\_\_\_\_  
**Swimming Ability:**      ☐ Non Swimmer    ☐ Beginner    ☐ Intermediate    ☐ Advanced  
My child may apply sunscreen \_\_\_\_\_ times during the day. **I will provide sunscreen.**      ☐ YES    ☐ NO Initial Here \_\_\_\_\_  
My child may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications.      ☐ YES    ☐ NO Initial Here \_\_\_\_\_

My child has the following behavioral issues which staff should be aware: _____ _____	I handle these behaviors in the following way: _____ _____
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## EMERGENCY CONTACTS (Also authorized for participant pick-up)

*The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list additional parents, guardians, and others you would like us to contact if we cannot reach you.*

1) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP
2) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP

## PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

*Please list all individuals who are authorized to pick up your child. Individuals listed must be at least 14 years old. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.*

1) Name	Relationship	Day Phone	Evening Phone
Address			
2) Name	Relationship	Day Phone	Evening Phone
Address			
3) Name	Relationship	Day Phone	Evening Phone
Address			

## Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 170-297-2125)

## MEDICAL HISTORY AND AUTHORIZATION INFORMATION

**My child experiences the following:** Please CHECK 'None' or all that apply. **Additional forms are required prior to your child attending if medical conditions are checked.** Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

<input type="checkbox"/> NONE	<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> Allergies
<input type="checkbox"/> Asthma	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Autism	<input type="checkbox"/> Behavior Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> History of Seizures	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Dev. Disability	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Other: _____			

**Currently taking Medication at:**

- ☐ Program  
☐ School  
☐ Home

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Child's Name (First & Last)	Age	Birth Date	Grade
Medical Provider (First & Last)	Dental Provider (First & Last)		
Address, City, Zip Code	Address, City, Zip Code		
Phone	Phone		
Date of Last Physical Exam: Month _____ Year _____	Date of Last Dental Exam: Month _____ Year _____		
If you do not have a medical provider, in case of injury or incident, what is your plan:	If you do not have a dental provider, in case of injury or incident, what is your plan:		
Preferred Hospital for Treatment:			

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.** Initial Here \_\_\_\_\_

### LEGAL DOCUMENTATION INFORMATION

Please complete the information below, that pertains to your child, regarding documentation relating to a parenting plan or a current restraining order which has been issued by a legal authority and is in affect in the State of Washington:

PARENTING PLAN	RESTRAINING ORDER
<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file	<input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file

### PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**EVENT(S):** All programs and activities offered by or through Seattle Parks and Recreation and Associated Recreation Council including but not limited to recreation activities and classes, school age care, preschool, teen programs, special events, field trips, sports/athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date